

Research Brief

What Do Injured Workers Think About Their Medical Care and Outcomes After Work Injury?

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**Division of Workers' Compensation
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EXECUTIVE SUMMARY

Nearly 1/4 of injured workers in California are not satisfied with the medical care they receive after work injury, or with the choice of providers available to treat them. Spanish-speaking workers are far more likely to report dissatisfaction with doctor-patient communication.

Workers report substantial pain and diminished function resulting from work injury, even many months after the date of injury; workers with upper extremity nerve damage are most likely to report poor functional outcomes.

Routine assessment of patient satisfaction with medical care and outcomes after work injury could identify important opportunities for improving the quality of care in injured workers. Significant differences in the patient populations of different health care provider organizations must be taken into account before such assessments can be used for performance measurement.

INTRODUCTION

Patient satisfaction and patient perceptions of outcomes have become important components in the assessment of the quality of health care. Patients are uniquely able to provide information about their ease of obtaining care, the interpersonal dimensions of the patient-physician relationship, the patient's view of the technical quality of care provided, and the patient's functional status and perceived well-being after injury. Patients can provide both subjective ratings of care, and more factual reports about what happened in their medical encounters.

Many private and public purchasers of health care, and accrediting agencies such as the NCQA, now require routine collection of patient satisfaction data using the standardized CAHPS survey developed by the federal Agency for HealthCare Research and Quality. There are no comparable requirements for assessing patient satisfaction among injured workers receiving care in any state workers' compensation system; nor is there a widely used standardized patient satisfaction instrument for use with workers' compensation patients. Thus, information about the experience of injured workers with health care after work injury is limited.

This research brief presents the results of a survey of more than 800 injured workers in California's workers' compensation system, to assess patient satisfaction with medical care and patient perceptions of health and functional outcome after work injury.

METHODS

The California Division of Workers' Compensation (DWC) contracted with the University of California, Berkeley, Survey Research Center (SRC) to develop a standardized self-administered questionnaire that could be used to collect data on patient satisfaction and outcomes in injured workers receiving care in California's workers' compensation system.¹

The sample was drawn from injured workers who (a) were enrolled in a state-certified workers' compensation health care organization (b) were enrolled in the state's 24-hour pilot program (c) obtained care at two large managed care organizations that contract with employers to provide workers' compensation care or (d) were employed at injury by five large self-insured employers.

Initial eligibility criteria included: 1) injured between July 1, 1997 and December 30, 1997; and 2a) had three or more days of lost time or received payment for temporary disability, or 2b) utilized medical services with total costs of more than \$2,500. These criteria were intended to allow for a uniform time frame from date of injury to date of survey, and to ensure that respondents had experienced more than casual contact with the workers' compensation medical system. Samples from each organization were selected at random, with sampling fractions varying based on the total number of cases contributed by each organization. Date criteria were subsequently relaxed to ensure adequate numbers of cases from all organizations.

¹ Full details about survey development can be found in Wiley, et.al., *What Do Injured Workers Think of Their Medical Care? A report on the development of the patient satisfaction survey at* <http://www.dir.ca.gov/DWC/surv rpt.pdf>)

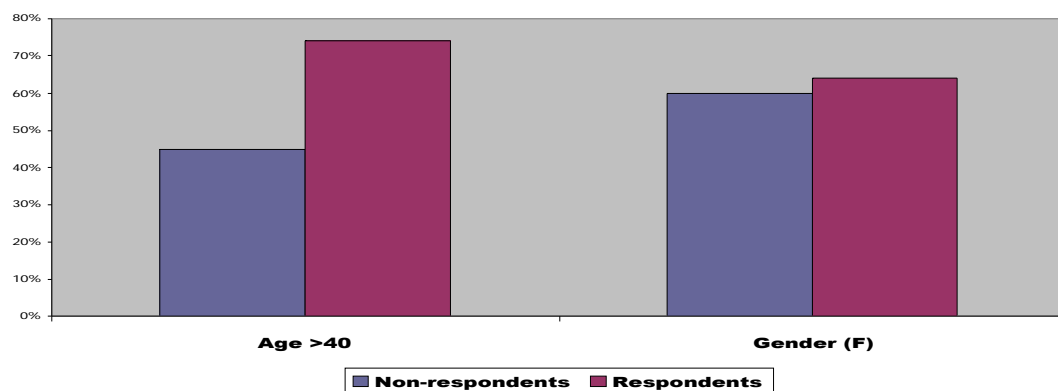
The survey was administered by phone by the University of California Survey Research Center from February through July, 1998, at 7 to 11 months after the date of injury. Mono-lingual Spanish-speaking respondents were referred to Spanish-language interview; other non-English speaking respondents were excluded.

Scales were constructed to summarize (1) satisfaction with doctor-patient interaction; (2) overall satisfaction with care; (3) doctor's reported occupational medicine orientation; and (4) pain and functional outcomes.

RESULTS

813 injured workers completed the survey, with a response rate of over 61%. Respondents were older than non-respondents, and were representative of California's working population (Tables 1 and 2).

1. Characteristics of respondents and non-respondents

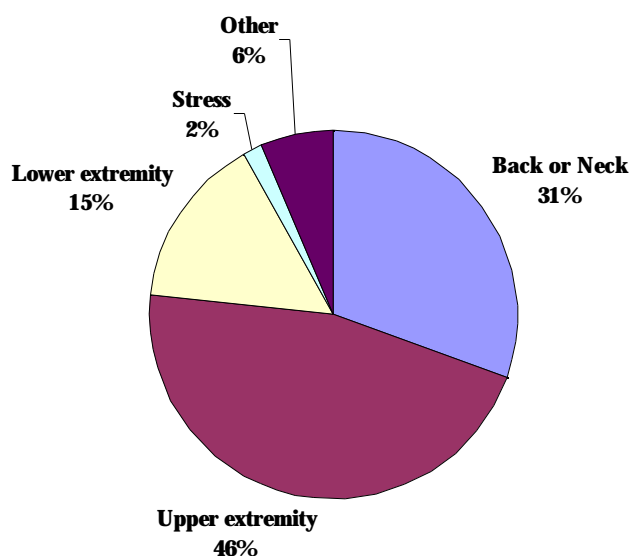


2. Respondent Characteristics

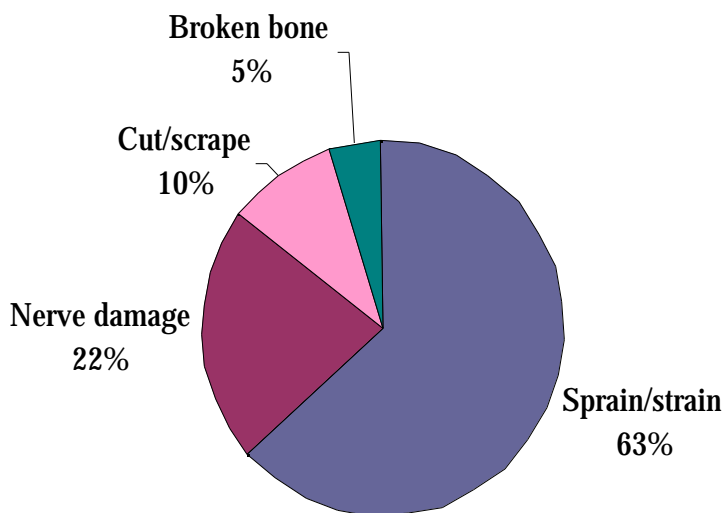
	% (N=813)
Age (mean = 41.4 years) >40	55.2%
Gender Female	63.5%
Race/Ethnicity White/Caucasian Hispanic/Latino Black/AfricanAmerican Asian Other	48.6% 27.3% 9.9% 7.7% 6.4%
Education Some college	61.1%
Married/living together	61.2%
Income >35K	50.7%
Occupation Professional, technical,sales, mgmt. Clerical Service Farm, crafts, laborer	25.1% 31.4% 15.3% 28.2%
Spanish-speaking interview	11.3%
Health insurance coverage	79.7%

Reported injuries were predominantly sprains and strains of the back and upper extremities (Tables 3 and 4).

3. Part of Body Injured



4. Nature of Injury



About 13% of workers experienced problems accessing medical care after injury. The majority of first medical visits was to a clinic location. Fewer than _ of workers reported that they had been referred to their primary treating physician by the employer or insurer. Over 40% of workers used sick or vacation leave to cover time lost at work due to injury. (Table 5)

5. Getting Medical Care After Injury

Workers reporting “some” or “a lot” of trouble getting medical care: 13.3%

Location of first doctor’s visit

	%
Clinic	59.0
Emergency Room	21.2
Medical office at workplace	9.0
Private doctor’s office	8.7

Number of doctors and visits

# <i>DOCTORS</i>	%	#	%
		<i>VISITS</i>	
1	18.5	1-2	14.6
2-4	58.4	3-9	31.8
5-8	19.1	10-24	31.0
>8	4.1	>24	22.6

Who provided most of your care?

	%
MD	65
Physical Therapist	15
Chiropractor	6.5
PA, NP	2
Other, don’t know	8

Who told you to see your doctor?

	%
No-one	54.3
Insurance company	6.8
Employer	16.6
Another doctor	15.3
Worker’s lawyer	2.0
Friend, family, other	4.7

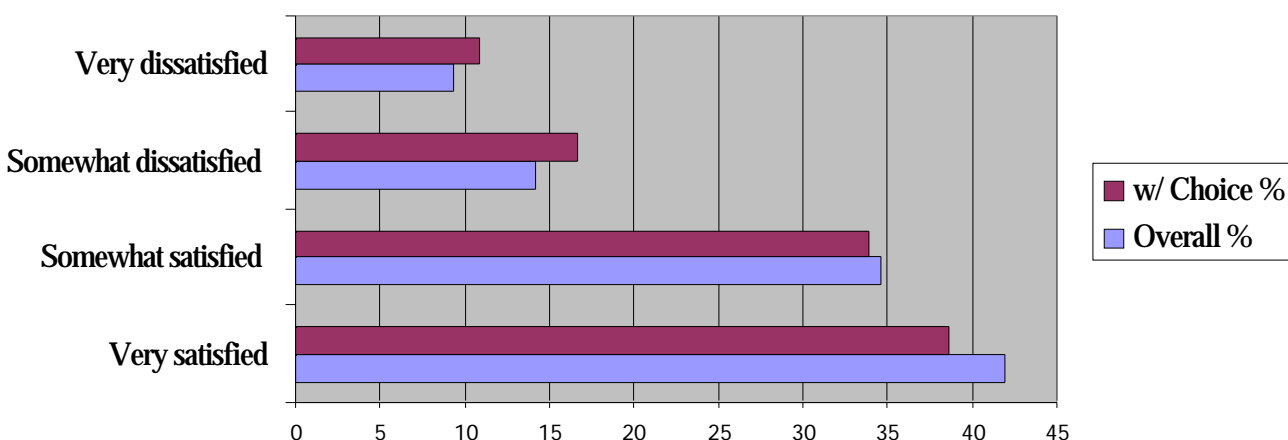
Non-compensated medical costs and use of other benefits

Used vacation or sick leave to cover time lost at work because of injury: 42.0%

Non-reimbursed medical costs for injury \$100 or greater: 7.6%

76% of respondents reported that they were “somewhat” or “very” satisfied overall with the medical care received for their injury. A slightly lesser percentage (72.5%) reported satisfaction with available choice of physician. (Table 6)

6. Overall satisfaction with care and choice of physicians



Larger proportions of workers (over 30%) felt that their doctors did only a fair or poor job at explaining things understandably, performing through exams, figuring out the diagnosis and what to do, or involving the worker in decisions about their medical care. (Table 7)

7. Patient ratings of providers

	% excellent or very good
How well provider listened	77.8%
Showed courtesy and respect	73.5%
Explained things understandably	70.3%
Exams and care thorough/careful	63.7%
Figured out diagnosis and what to do	64.9%

Involved “very little” or “not at all” in decisions about my medical care: 33%

Nearly 40% of workers said their physicians did not have a good understanding of the impact of the work injury on their ability to do their job. (Table 8)

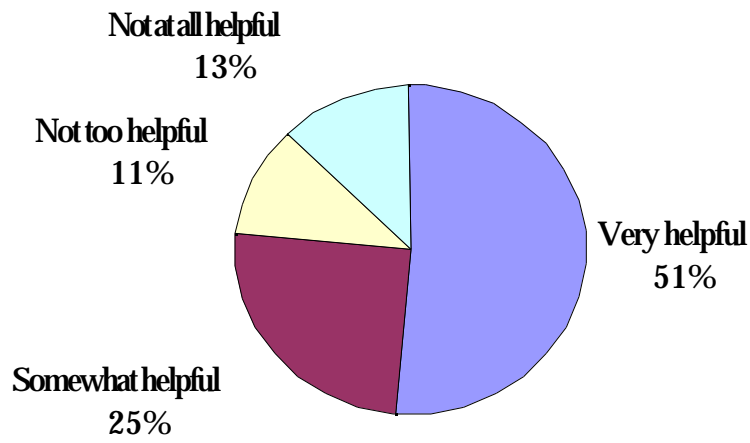
8. Occupational medicine behaviors of providers most involved in treatment

	%
Talked about job tasks some/a lot	71.2
Understood job very/fairly well	79.0
Understood impact of injury on ability to do job (verygood/exc)	61.3
Talked some/a lot about work restrictions to RTW	67.5
Suggested job changes to help heal	72.7
Told how to avoid re-injury	64.0

Missed no work after injury	70%
Worked for pay at some time since the injury:	94%
Working at pre-injury employer at interview time:	85%

44% felt that they had returned to work “too soon” after the injury, and nearly reported that their employers had not been helpful with return to work. (Table 9)

9. Employer helpfulness in return to work after injury



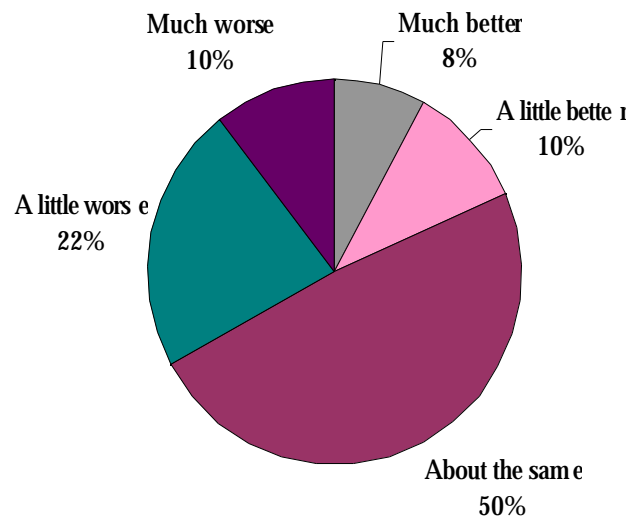
Returned to work “too soon” after injury:	44%
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Job changes to help return to work:	38%
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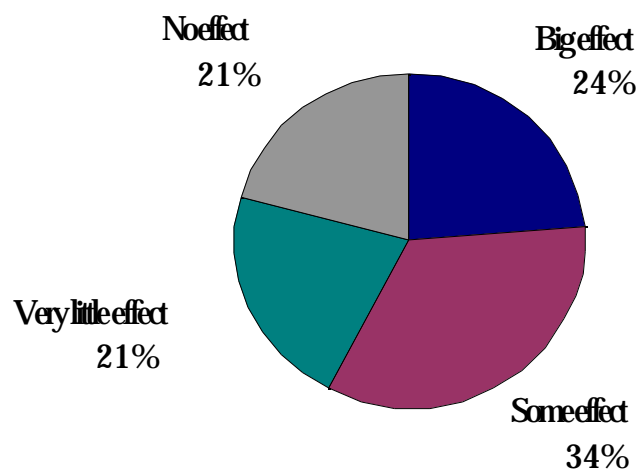
Satisfaction with how job was changed (very/somewhat)	79%
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About 1/3 of respondents reported that their health was worse now than before the injury, and only 1/3 said they had “fully recovered” from the injury, although the length of time from date of injury to date of interview was 6 months to over 2 years. (Table 10) Only 40% of workers felt that the injury did not have much effect on their lives today. (Table 11)

10. Health now compared to before injury

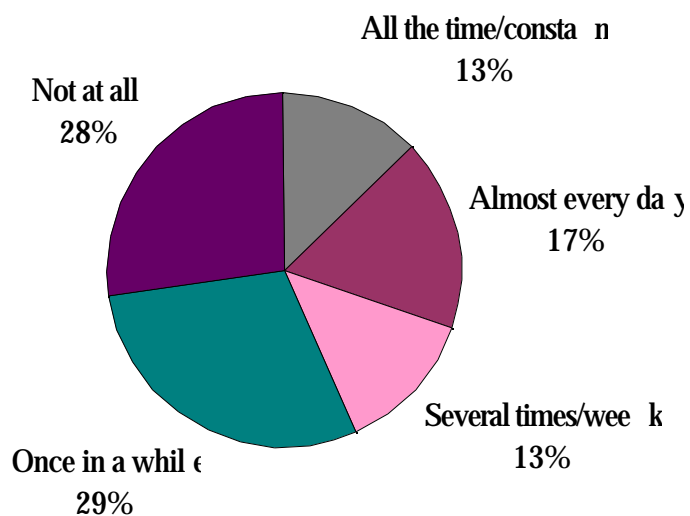


11. How much injury effects life today

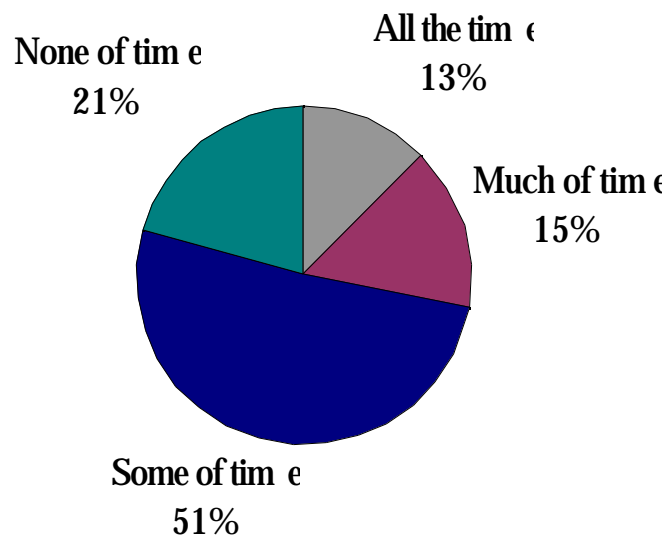


A large number of workers (30%) report significant levels of continued pain due to their work injury, with over _ reporting that pain interferes with their lives all or much of the time. (Tables 12 and 13).

12. Pain frequency after work injury

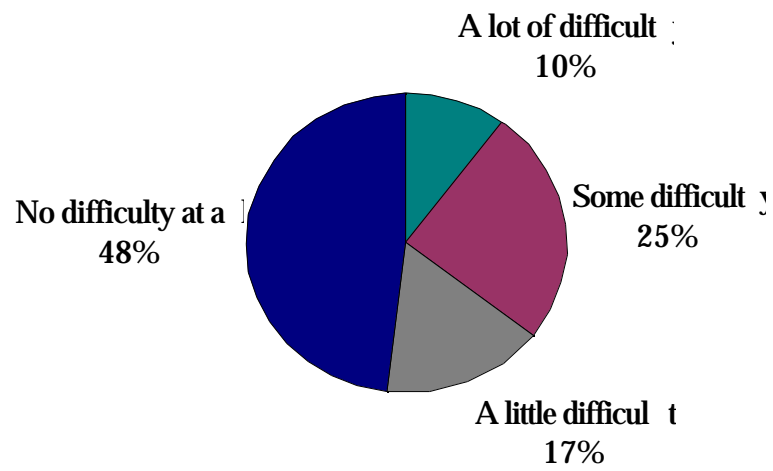


13. Pain interferes with life

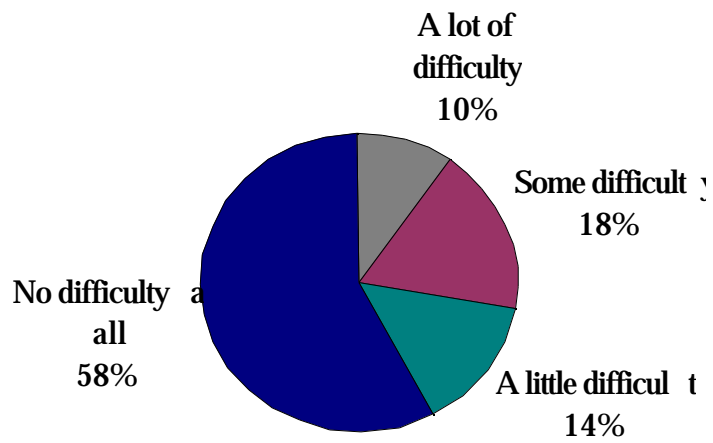


Many workers also report difficulty with ordinary activities such as lifting or handling objects (Tables 14 – 15). Nearly 30% of workers reported “some” or “a lot” of difficulty performing their job because of the work injury, and nearly a _ said the injury limited the kind of work they can do.

14. Difficulty lifting after work injury

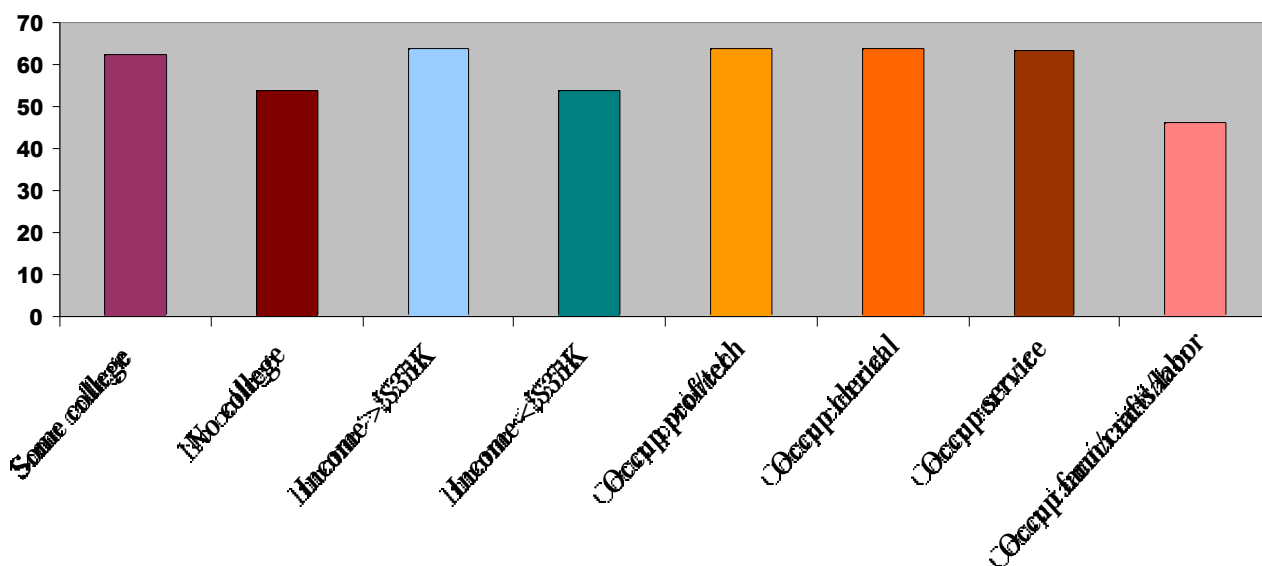
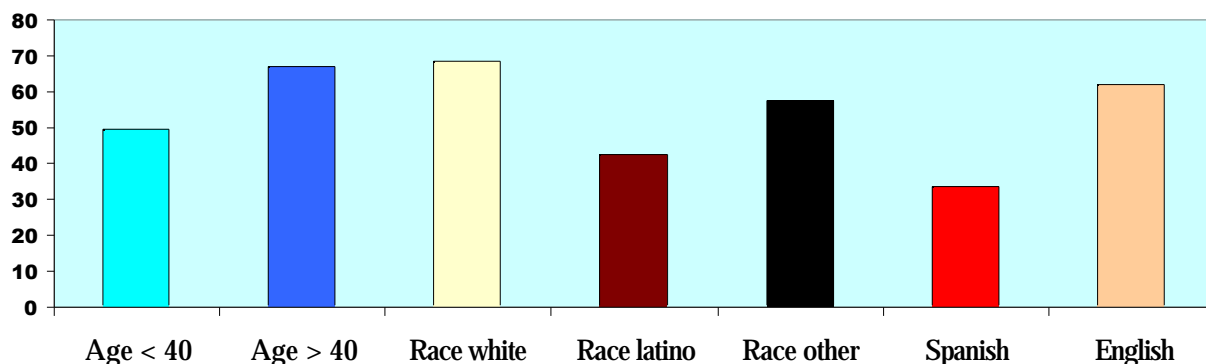


15. Difficulty handling objects after work injury



Injured workers who were younger, Spanish-speaking, non-white, lower income, less educated, lower income, or laborers reported significantly lower satisfaction with doctor-patient interaction. (Table 16)

16. **High satisfaction with doctor-patient interaction and patient characteristics**



Workers with back injury or upper extremity nerve damage were more likely to report physician behaviors consistent with an occupational medicine orientation (i.e. discussed job tasks, work restrictions, etc.), while males and monolingual Spanish-speakers were less likely to report occupational medicine orientation. There were no significant differences among groups with regard to overall satisfaction with care, but workers with back injuries were less satisfied with choice of providers.

There were also significant differences in self-reported physical and emotional function, and amount of missed work, among workers with different characteristics. Younger workers were more likely to report good physical functional outcomes. Workers with upper extremity nerve damage were far less likely to report good functional outcomes; however, these workers were also less likely to miss any work as a result of their injury. Service workers and laborers, older workers, males, and Hispanic and mono-lingual Spanish-speakers were more likely to miss work. (Table 17)

17. Functional outcomes and patient characteristics

	<i>Good functional outcome (%)</i>	<i>Good emotional outcome (%)</i>	<i>Missed no work (%)</i>	<i>Missed > 4 weeks work (%)</i>
Age < 40	72.8*	78.3	24.7*	28.5
Age > 40	58.7	72.8	31.3	30.6
Male	71.3*	74.4	15.7*	34.1
Female	61.4	75.9	35.2	27.9
<i>Spanish-interview</i>				
No	65.1	76.0	30.4*	29.3
Yes	64.0	70.3	9.1	37.5
White/Caucas.	66.5	79.4	32.6	27.1
Hispanic/Latino	66.2	72.0	18.9	39.2
AfAm,Asian,Oth	60.2	71.1*	29.2*	26.6*
<i>Occupation</i>				
Prof,tech,sales	65.2*	77.7	36.3*	22.6*
Clerical	57.1	74.8	39.0	25.6
Service	73.8	74.8	10.7	44.6
Farm,crafts,labor	68.9	74.2	17.5	34.5
<i>Injury type</i>				
Back sprain	64.7*	76.2	16.4*	33.8
Upper ext. nerve	44.0	72.0	49.6	31.1
Other	70.3	75.8	27.7	28.4

*=p<.05

The sample was drawn from four different groups of workers, as noted above. There were highly significant demographic differences among respondents drawn from these sub-groups. For example, one sub-group had 59% Hispanic and 47% “blue-collar” workers, compared to the overall group which had 27% and 28% respectively. Another sub-group had 78% female and 36% professional/technical compared to the overall group with 63% female and 25% professional. Injury types among the sub-groups were also significantly different, with one sub-group having nearly twice the proportion of upper extremity nerve damage as the total group.

An open-ended question (“Is there anything else you think we should know about the medical care you received after your work injury?”) elicited an outpouring of response, with nearly _ of respondents providing additional comment. Recurrent themes emerged in these comments, including: desire for more choice of provider, particularly if dissatisfied with the treating physician; lack of continuity of care in clinic settings; lack of adequate time with the physician; frustration and anger about the claims handling process, (especially delays or denials in authorizations of care, other benefit delays, lack of information about rules and rights, and being treated “like a criminal”); distrust of the “company doctor”; frustration with continued pain and functional limitations; concerns about lengthy treatments that did not produce improvement; and lack of availability of modified work. On the other hand, many workers also expressed great appreciation for the care they had received, often singling out particular individuals who had demonstrated care for them as a person, or had taken time to explain things. Many respondents also thanked the interviewer for the opportunity to talk about their experience after work injury.

CONCLUSIONS

While most injured workers are satisfied with the medical care they receive in California’s workers’ compensation system after work injury, a significant number report some level of dissatisfaction overall, and even more report dissatisfaction with the available choice of providers to treat work injury. Some subgroups of workers are more likely to express dissatisfaction; for example, Spanish-speaking workers are quite likely to report difficulty with doctor-patient communications. Providers and purchasers may wish to address this dissatisfaction, particularly among those sub-groups of injured workers who report particular problems.

Substantial proportions of workers report significant impacts of work injury on pain and functional outcomes, even many months after the date of injury; workers with upper extremity nerve damage are most likely to report continued poor function. Improving outcomes for injured workers should be a high priority, although further study is necessary to assess the relationship between these reported poor outcomes and various aspects of medical care.

There are significant variations in the patient populations of various health care provider organizations. These differences must be taken into account before patient satisfaction or other outcome measures can be used for performance measurement in workers’ compensation health care.

Routine assessment of patient satisfaction and patient-reported outcomes in California’s workers’ compensation health care delivery system could identify many opportunities for improving the quality of care for injured workers, and could provide a tool to evaluate the impact of changes in workers’ compensation health care on injured workers and their recovery from work injury.